HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Invention OF MAKING SAME APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patient application contents. ADDRESS TO: Commissioner for Patients Activated Fig. 90 Commissioner for Patients Alexandria, VA 22313-1450 Commissioner for Patients Patients Valential Valential Patients Valential Patients Valential Patients Valential Patients Valential Patients Valential Patients Valential Valential Patients Va	Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		Express Mail La	bel No.	EV 052029702 US					
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Customer No. 021005 HAMILTON, BROOK, SMITH & REYNOLDS, P.C. ADDRESS 530 Virginia Road, P.O. Box 9133 CITY Concord STATE MA ZIP CODE 01742-9133 COUNTRY USA TELEPHONE (978) 341-0036 FAX (978) 341-0136	The entire hereby inc (Add standa	disclosure of the prior apporprise of the prior apporprised by reference. If Related Applications sections	olication is consider with incorporation	lered a pari n by reference	t of the dis	closure of the a	accompanying application and same)	1 is		
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CITY Concord STATE MA ZIP CODE 01742-9133 COUNTRY USA TELEPHONE (978) 341-0036 FAX (978) 341-0136	ADDRESS			NULUS, F						
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Submitted by Typed or Printed Name Alice O. Carroll Reg. Number 33,542	Signature	Mice D. Panol	Date	November 21, 2023
		Alice O. Carroll	Reg. Number	33,542

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

		Attorney Docket Number		2732.1016-029				
	RANSMITTAL FOR NT APPLICATIONS	Application Number		Continuation of 09/841,179				
		First Named Inventor		Spiros Jamas				
CLAIM CA	ALCULATION (includes any pr	eliminary amendment)					
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBE EXTRA					
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	4 - 20* =	0	x \$	18 =	\$ 0		
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	4 - 3** =	1	x \$8	36 =	\$ 86		
	MULTIPLE DEPENDENT CLA	IMS (if applicable) (37 C	CFR 1.16(d))	+ \$ 29	90 =	\$		
				BA (37 CFR 1.	SIC FEE	\$ 770		
				Total of above Calcu	lations =	\$ 856		
		Reduction by 50% for filing	ng by small entit			\$ 428		
*						\$ 428		
	Sun		\$ \$					
w - 5 ±		Petition for Extension of Time Fee (37 C.F.R. 1.17) =						
		Assignment Recordation Fee = (only when filed with application)						
A	- D	[Other]	\$					
	* Reissue claims in excess of 20 ** Reissue independent claims ov	OTAL =	\$ 428					
1. Small	entity status:			•				
	a. [] A small entity sta	tement is enclosed.						
•	b. [X] A small entity statement was filed in the prior non-provisional application and such status is still proper and desired.							
	c. [] Is no longer claimed.							
	A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.							
3. [X]	A check is enclosed for \$428. [] Please charge \$[] to Deposit Account No. 08-0380.							
4. []	Other:							
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Signature (IIII) (IIII) Date Nove					Anvan	DE1 21, 2003		
Subn	nitted by Printed Name	Alice O. Carroll		Reg. Number	100,00	33,542		